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THE
DOMINION MEDICAL JOURNAL.

VOL. I.—No. 5.

TORONTO, ONT., JANUARY, 1869.

PRICE, \$2 PER ANN.

Original Communications.

COMPOUND FRACTURE OF CRANIUM.

BY JOHN A. MULLIN, M.D., HAMILTON.

John T.—, aged 10, a healthy lad, was crossing the G. W. R. bridge, James St., Hamilton, immediately after a train had passed, and as the smoke of the engine obscured part of the bridge, he fell through an opening where the side-walk had been removed by workmen repairing the bridge. The bridge is about twenty feet above the railway track. He was immediately removed to his home, a short distance from the bridge, and I saw him about twenty minutes after the accident.

The boy's forehead had struck against the rail, producing an irregular wound which extended across the integuments of the right side of the forehead. Blood flowed freely. A small portion of cerebral substance had escaped from the wound. The nasal bones were somewhat depressed. There was a small wound just below the inner angle of the right eye. The upper lip was torn through, and several teeth were broken; the lower jaw, right side, was fractured.

Upon examining the injury of the skull, it was found that the lower part of the right half of the frontal bone was fractured; a fracture running across the bone a few lines above the superciliary ridge, and from the junction of the outer and middle third of the ridge, another fracture extended obliquely upwards and inwards a little above the frontal eminence. The superciliary ridge was depressed upon the eye, and the bone was so much separated from the soft parts that it was easily removed with the orbital plate one such in depth. It was by this portion of the orbital plate turned upwards that the membranes of the brain had been lacerated. He was conscious when taken up, and answered questions about the accident. The bleeding being restrained, the parts were brought into apposition,

and sutures and adhesive straps applied; the external part of the wound was left open to permit the escape of discharges.

Pulse 80; skin cool; tongue clean; vomited twice while the wound was being dressed; pulsations are noticed above the right eye. Directed attendants to keep him quiet in a dark room, the head being inclined to the right side to favor the escape of discharges. The accident happened about 8 a.m., Nov. 13, 1866.

Nov. 13, 4 p.m.—Pulse 120, skin warm; has vomited several times since morning; complains of pain of head; slept a little; is perfectly conscious.

R Tinct. verat. virid 8 m. antimon., tart. gr. half. potass. nitrat. 2 scrup. mucilage acacie aquae, of each 1 oz. m. Two teaspoonfuls every three hours.

Nov. 14. Slept at intervals through night; not more than an hour without waking delirious, though sometimes answers questions properly; complains of wound being painful; a slight discharge from the wound; pulse 140; skin warm and dry; tongue furred yellow; bowels not moved; urine passed without difficulty.

R Pil. hydrarg. extract col. co., of each 1½ gr. m., divide into two pills, to be taken immediately.

Tinct. verat. increased to 2 m. each dose.

Nov. 15.—Was restless since last report; sleep much disturbed; head painful; delirious at intervals; recognize acquaintances by the voice; the eyelids being so much swollen that they cannot be opened. In the delirium he speaks chiefly of events that happened a year ago. Pulse 96; tongue furred yellow; bowels moved freely; vomited this morning. Half dose of mixture to be given. Ordered to have milk.

Nov. 16.—Pulse 72; skin cool; tongue furred, moist; mental condition similar to that of yesterday.

Nov. 17.—Restless last night; more delirious, though sometimes recognizes those around him; pulse 90.

Nov. 18.—Slept at intervals in the night; still delirious; talks incoherently, and in naming articles frequently adds the letter *y* to the end of the word; but he recognizes friends and answers questions properly; the mental condition resembling that of a patient suffering from *del. trem.*

Plasters and sutures removed; purulent matter escaped freely; adhesive straps re-applied.

Nov. 19.—Slept more last night; talked a good deal in sleep; less delirious to-day; answers questions readily; is easily irritated, and vexed if anything he asks is refused. Pulse 75; bowels regular; urine natural.

In the evening his pulse was 120, without any other change perceptible in his condition.

Tinct. verat. 2 m., given every 3 hours.

Nov. 20.—Pulse 90, weak, skin cool, tongue brown in centre, a little dry; not delirious, is inclined to sleep; free purulent discharge from wound of forehead, also from nose and from the wound below inner angle of right eye; does not complain of pain of head; mixture omitted.

Ordered dilute hydrochloric acid 8 m. every three hours, and milk and beef tea.

Nov. 24.—Had no delirium since last report; sleeps much, though frequently wakes; complains of pain of the head at the wound; pulse 126, weak, skin cool, tongue furred yellow, bowels regular, urine natural, appetite capricious, free purulent discharge from the wounds, pulsations of brain apparent over the right eye, some swelling and redness of the left side of forehead; he is very irritable and refuses medicine.

Omit medicine.

Nov. 27.—Pulse 120, small and weak, skin cool, tongue furred, bowels regular, right eye-lid less swollen, when lid raised can discover objects with right eye; there has been a little sloughing of the integuments at the centre of the wound; a small portion of right frontal bone near the centre, is denuded of periosteum; purulent collection under integuments of left side of forehead and left eyelid evacuated; had no delirium since last report; sleeps better; appetite improved.

Feb. 4, 1867.—Since last report the patient has gradually improved; no unfavourable head symptoms, except on the occasions when he

complained of pain of right side of forehead—this did not last longer than a day each time.

The wound is healed except a small place about the size of a three-cent piece, corresponding with the part of bone deprived of periosteum. On the 15th January two small portions of the external plate exfoliated. He is not able to raise the right upper eyelid perfectly, the right corner is on a lower plane than the left and everted: there is double vision; does not see as well with right eye as with the left; pulsations of brain are apparent above the right eye.

Dec. 19, 1868.—Saw patient to-day; he enjoys very good health, but is subject to attacks of pain of the head; he attends school, but is unable to apply himself to study as formerly and the memory is much impaired.

CHLOROFORM.

By A. M. ROSEBRUGH, M. D.

Being a Paper read before the Medical Section of the Canadian Institute, Nov. 28, 1868.

(CONTINUED FROM PAGE 66.)

ADMINISTRATION.—We now come to that part of the subject to which I wish more particularly to direct your attention; namely, to the method of administering chloroform. The usual method is to pour one, two, or three drachms of chloroform, upon a handkerchief or towel, and hold it near the mouth; sometimes a towel is made up in the form of a cone; an unknown amount of chloroform is poured into it; and the cone is placed over the nose and mouth, without any knowledge of, or regard to, the strength of the vapour that is being administered. When we consider how common it is to administer chloroform in this loose manner we can only wonder that fatal cases are not more numerous. Out of 858 cases collected by Dr. Anstie in which chloroform was given in the ordinary way, in 16 there were signs of danger; or one to every 53; while in 2200 cases in which means were taken to secure proper dilution of the chloroform vapour, there were dangerous symptoms in only 5; or only 1 to every 440.

The objection to the ordinary method of administering chloroform is its great irregularity and uncertainty; at one moment the patient may inspire a saturated atmosphere of chloroform, at another "a breath may be taken of almost pure atmospheric air."

In the administration of chloroform two principles must be kept in view, namely, the principle of "tolerance" and that of "definite dilution." When the administration is commenced with a very dilute atmosphere of chloroform, and the strength very gradually increased, it is found that the system will, in a few minutes, bear with safety the anæsthetic of a strength that would be dangerous to administer at the outset. This is called by Dr. Sanson the "principle of tolerance."

Again, it is considered imperative to use due means to secure proper dilution of chloroform vapour. The committee of the Royal Medical and Chirurgical society report on this subject as follows:—

"The several effects produced by the administration of chloroform, as well as other anæsthetics, are tolerably uniform if the same strength of vapour be employed; and there is much reason to suppose that the irregularities attributed to it have been in a great measure due to the uncertain degree of its concentration. Experiments upon the lower animals, however, equally with observations on man, prove that there is but a narrow limit between that strength in which the vapour may be safely inhaled, and that which is likely to produce alarming symptoms if not death."

"But whether the hazard originated in natural or accidental causes, the conclusion must be the same, that it is extremely desirable to adopt a method of administration by which the quantity of the vapour actually being inhaled may be graduated.

"The results of the experiments which have been detailed show that it is as desirable to measure accurately the strength of the vapour as to weigh the dose of a medicinal agent administered by the mouth."

Dr. Snow considered it dangerous for the human subject to breathe more than five per cent. of the vapour of chloroform. Mammifers

can remain in an atmosphere containing four per cent. of chloroform vapour, but will die speedily in an atmosphere of eight per cent. The chloroform committee recommend that "in order that it may be administered (continuously) with comparative safety it is necessary that the proportion of vapour should not exceed three and a half per cent."

The administration of a definite dilution of chloroform vapour can only be attained with exactness by means of mechanical apparatus specially adapted for the purpose. Of such the inhaler of Clover is the most perfect. This apparatus consists of a large bag or reservoir which is filled, or partly filled, with a mixture of atmospheric air, and 4 per cent of chloroform vapour. To this bag is attached a flexible tube and Dr. Sibson's mouth-piece. The mouth-piece is so arranged with valves that at the commencement of the inhalation the patient inspires nearly pure atmospheric air; by degrees, a valve is closed, so that two or three minutes from the commencement of the inhalation the patient inspires the mixture from the bag only. By means of this apparatus we are enabled so to administer the chloroform as to secure *tolerance* and *definite dilution*. The patient can be brought very gradually under the influence of the anæsthetic and we can administer the vapour of known and definite strength. Mr. Clover says of this apparatus,—"I have found my inhaler produce the anæsthesia more uniformly than I have been able to effect by any other means. Patients very rarely cough or make any manifestation of the vapour being too pungent. A large majority of the patients are prepared for the commencement of the operation in less than six minutes, and they certainly recover from the effects of chloroform more readily, and with less sickness and prostration than I have observed when I did not make use of the inhaler." Mr. Sanson says,—"I consider this to be the safest method of all for the administration of chloroform." * * "For myself, speaking theoretically, I believe that this means obviates the most urgent objection to chloroform administration, and is especially useful where patients are assembled together ready to be operated on one after the other."

Unfortunately Mr. Clover's apparatus is too cumbrous and too expensive to be generally

used by the profession. We submit, however that it would be well if it were used in all public institutions where chloroform is frequently administered. Other inhalers are in use, such as that invented by Dr. Snow, and more recently that invented by Dr. Sanson; they are more portable, but it is not claimed for them that they attain anything of the perfection of the apparatus of Mr. Clover.

Notwithstanding the very great advantages of mechanical means for the definite dilution of chloroform-vapour, and the number of fatal cases that are constantly occurring from the administration of chloroform by the "ready method," it is probable that the great majority of practitioners will still use the towel or the handkerchief. The next question that arises is this; admitting that the great objection to the "ready method" is its irregularity and uncertainty, is it not possible so to conduct the administration with a towel or handkerchief that we may form at least an approximate idea of the strength of the vapour that is being inhaled at a given time? I believe that this question can be answered in the affirmative. And, in proposing a new method of administering chloroform-vapour, I trust that it will be the means of still further extending the great boon of Professor Simpson's invaluable discovery, inasmuch as, the administration of chloroform for the relief of human suffering "by the immense preponderance of its influence for good, has been a direct conservator of human life."

For the last seven years I have been in the habit of administering chloroform *guttatim*, in a manner similar to that known as "Professor Simpson's method;" and, during the last six or eight months, I have been endeavoring to reduce this seemingly inexact method to a system approaching very nearly the exactness that is attained by the most admirable, though complicated and cumbrous, apparatus of Mr. Glover;—I have been conducting a series of experiments with the object of determining the minimum quantity of chloroform necessary for inducing narcotism at different ages, and for different purposes; and to administer the chloroform in such a manner as to enable me to form a pretty correct estimate of

the degree of dilution of the vapour that is being administered at a given time. In this I believe I have not been unsuccessful.

My method of administering chloroform is as follows:—The patient is placed on his back, either on a couch or table; and an open linen napkin is placed over the face, so that one thickness only covers it. A two-drachm vial is filled with chloroform; an assistant observes the pulse, and holds the watch in such a position that the administrator may see the second hand. The administrator assumes a convenient position at the head of the patient, and, everything being ready, with the left hand he raises the napkin (so that it does not touch the nose) about one-and-a-half inches from the mouth. The chloroform is now carefully dropped upon the napkin, over the mouth, a definite number of drops being allowed to fall per minute, commencing with a minimum quantity and gradually increasing until, in the third minute, the maximum quantity is reached. One-third the maximum dose is given during the first minute, and two-thirds during the second. The maximum dose should be continued from two to six minutes, according to the effect of the anæsthetic upon the patient, and the degree of narcotism desired. Where it is necessary to keep up the narcotism for a length of time, the maximum quantity of chloroform may be repeated occasionally (as often as the condition of the patient may seem to require) or about one-half the maximum quantity may be administered continuously.*

To adults, I have never given more than 35

* In the *Edinburgh Medical Journal*, for December, 1861, a short paragraph appears, in which Prof. Simpson gives Dr. Moir credit for first administering chloroform *guttatim*. Administering chloroform in this manner is now known as "Professor Simpson's Method." I make this acknowledgment with great pleasure, and wish to disavow any intention of claiming originality in giving chloroform drop-by-drop. So far as I can learn, however, no attempt has heretofore been made to reduce this method of administering chloroform to anything of a system. No attempt has hitherto been made to conduct the *guttatim* method so that—1st. The administration shall commence with an almost imperceptible quantity of chloroform-vapour, and the strength be gradually increased as the system will tolerate it. 2. After tolerance is established, the administration shall continue with a certain definite quantity per minute until narcotism is established. 3. The administrator shall be able to ascertain the per centage of chloroform-vapour that is being administered at a given time. In this I claim originality.

drops per minute, as a maximum dose; 30 drops per minute, I have found in most cases to be sufficient. For children 11 or 12 years of age, I have found that a maximum quantity of 18 drops per minute is sufficient. For children from 7 to 9 years of age, about 15 drops a minute is sufficient. Children about 5 years of age require from 8 to 10 drops a minute. In all cases about one-third the maximum dose is given the first minute; and two-thirds the second minute; the maximum dose never being reached until the third minute from the commencement of the inhalation.

When chloroform is administered by this method, I find that in almost every case there is an entire absence of excitement or struggling on the part of the patient. As a rule, the patients pass quietly under its influence as if they were falling asleep naturally. Children pass under its influence beautifully, and usually without objecting to the administration. And, moreover, I have never in any case, observed that peculiar tremor which is said to mark the commencement of complete narcotism. Another feature in this method of administering chloroform is the very small quantity of chloroform required to produce complete narcotism. I seldom require in any case to administer more than one drachm, unless the nature of the operation requires its readministration.

The next question is this, in administering chloroform by this method, have we any means of ascertaining even approximately, the strength of vapour that is being inhaled at a given time? I think we have. We make about 17 respirations per minute and inhale about 20 cubic inches of air at each inspiration; this amounts to 340 cubic inches per minute. In three minutes we inhale, in round numbers, about 1000 cubic inches. We will suppose that a patient inhales 33 drops per minute and in three minutes 99 drops, or in round numbers 100 drops. I have ascertained by repeated trials that 100 drops of chloroform dropped from a 2-drachm vial are equal to exactly 40 minims. Chemists state that 40 minims of chloroform will produce 45 cubic inches of chloroform vapour; 100 drops of chloroform will therefore produce 45 cubic inches of chloroform vapour; 45 cubic inches of vapour diffused through 1000 cubic inches is equal to

a per centage of $4\frac{1}{2}$. If, therefore, a patient inspires 1000 cubic inches of atmospheric air in 3 minutes and at the same time inspires the whole of the vapour from 100 drops of chloroform, he will be inspiring $4\frac{1}{2}$ per cent of chloroform vapour.

In administering chloroform by this method, there seems to be very little of the vapour wasted, probably from 10 to 20 per cent; if 20 per cent is wasted, that would reduce the $4\frac{1}{2}$ per cent referred to above, to about $3\frac{1}{2}$ per cent, which would be a perfectly safe strength to administer to an adult in whom there did not exist any contra indication for chloroform inhalation; and when we administer 30 drops or less in a minute, the strength is only 3 per cent or less.

The advantages which I think may be justly claimed for this method of administering chloroform are:

1. The ability to attain with apparatus as simple as that of the "ready method," very nearly if not quite the precision attained by Dr. Clover's inhaler;—to commence the administration with an almost imperceptible quantity of the vapour so as to establish *tolerance* in the system; and subsequently to administer the chloroform vapour of known and definite dilution.

2. Being able, with a very few drops, to bring quietly under the influence of the anæsthetic young children who violently resist the strong atmosphere of chloroform-vapour that characterizes the commencement of the administration when conducted by the "ready method," and who would be frightened at an apparatus so formidable as Dr. Clover's inhaler.

I will conclude this paper by adding a few brief rules that should be observed in the administration of chloroform. Examine the general condition of the patient, and observe particularly for symptoms of fatty degeneration of the heart. The patient should abstain from food for about four hours before the administration. A little brandy and water should be given to an old or debilitated patient. The dress should be loose about the neck and chest. The apartment should be comfortably warm (about 60 degrees Fahrenheit). The recumbent position is the best, and should be assumed a few minutes before the administration. The patient should be

encouraged as much as possible. The inhalation should be commenced gradually. Where it is necessary to hold a child, he should be retained in position a few minutes before the inhalation commences. The pulse and respiration should be observed, and from time to time the countenance also. The best test of the degree of narcotism is the sensitiveness of the conjunctiva. The patient should retain the recumbent position until recovery from the effects of the anæsthetic. Should vomiting be persistent after the administration of chloroform, it may be controlled by the administration of brandy and soda water.

The Dominion Medical Journal,

A MONTHLY RECORD OF

MEDICAL AND SURGICAL SCIENCE.

LLEWELLYN BROCK, M.D., EDITOR.

TORONTO, JANUARY 1st, 1869.

THE ONTARIO MEDICAL BILL.

We were not astonished that our respected contemporary "*The Canada Medical Journal*," should oppose the Ontario Medical Bill; but we regret, we deeply regret, that the Editor in discussing and criticizing such a measure, should have condescended to make use of the *argumentum ad hominem* towards those who differed from them on a question of medical policy. They attempt to hold the promoters of this Bill up to ridicule, as being a lot of "pompous, self-conceited" men. They accuse them of having abused their high position in endeavouring to introduce surreptitiously, disgraceful enactments into our Statute Book; and they recommend that the promoters of this Bill be removed at the next election from their position as members of the General Council of Medical Education and Registration in the Province of Ontario. Many of those inuendoes were noticed in our last number, and all we shall say for the present is, that time will show whether those men will be re-elected or not. *The Canada Medical Journal*, however, in discussing this subject, shows, in the last paragraph of its article, the animus that directs its criticisms. The "*ex ungui leonem*" becomes apparent. The statement is sufficiently

self-evident, viz.:—Fear that the young men of Ontario will not support the Universities in the Sister Province, and that "Montreal," with all its "large hospitals," will be lost to them. In answer to that, we may simply say, that so far from Montreal, with its "large hospitals" being lost to students from Ontario, should this Bill become law, New York, with its still larger hospitals, and superior advantages of Medical education, will be opened up. Every teaching body in Ontario, admits that the necessity for reform in medical education has become absolute; the broad principle of a Central Medical Board for the Province is admitted by all as necessary, yet we regret to say, that a University holding so high a position as McGill University, Montreal, does, should condescend to delegate two of her teachers as representatives of that institution, to frustrate a scheme solely to elevate our professional status. It bodes ill, so far as regards the Province of Quebec, at least evincing any desire to raise its standard of medical education. We beg to draw our contemporary's attention to clause 44 in this Act, in regard to homeopathics and eclectics which we think will be sufficient to contradict the statement that "No attempt has been made to legislate for homeopathics, eclectics," etc. In conclusion, whilst the promoters of this Bill have been accused by the *Canada Medical Journal* of efforts hasty, ill judged, and of motives designing, would that Journal inform us how the senate of the Montreal University, in justice to their students, can pervert two of their most distinguished teachers to exchange for a period, in one case, of two weeks, and in another of four, the "quiet usefulness" of their professional duties "for the noisy turmoil of the legislative hall."

TORONTO CANADIAN INSTITUTE—MEDICAL SECTION.

The first meeting of the season of the above Society was held in the rooms of the Institute, Richmond Street East, on Saturday evening, November 25th,—Dr. Thorburn, Chairman, in the chair.

After the reading of the minutes by Dr. Tempest, the Secretary, the nomination of officers for the ensuing year took place, said officers to be elected at the subsequent meeting.

The CHAIRMAN then called upon Dr. A. M. Rosebrough to read his promised paper on Chloroform.

[This paper we have published entire, the conclusion of which appears in the present number of the DOMINION MEDICAL JOURNAL.] At the conclusion of the reading of the paper,

Dr. SANGSTER stated that he had been present on more than one occasion when Dr. Rosebrugh had placed patients under the influence of chloroform by the *guttatim* method, and he could testify that patients pass quietly and nicely under its influence, without resistance or excitement.

Dr. CANNIFF stated that he had recently seen Dr. Rosebrugh administer chloroform to a boy about five years of age, and he was more than pleased with the beautifully quiet manner in which the little fellow passed under its influence. He also noticed that very little chloroform was used, and also that there was no smell of the chloroform vapor in the room, and not even within a few inches of the napkin upon which it dropped. He believed that this method of administering chloroform was destined to prove a great benefit to surgery, and that to Dr. Rosebrugh was due the credit of being its originator.

Dr. THORBURN stated that he was very much pleased with Dr. Rosebrugh's paper, but he understood that Professor Simpson had administered chloroform *guttatim*.

Dr. ROSEBRUGH, in reply, stated that in the Edinburgh *Medical Journal* for December, 1861, Prof. Simpson gave Dr. Moir the credit of introducing the plan of administering chloroform *guttatim*; but no details were given. So far as he could learn, no attempt was made to administer a definite quantity within a given time, or to reduce the administration to anything of a system.

Dr. SMALL stated that he was present when Dr. Rosebrugh administered chloroform by his method in the summer of 1866.

Dr. REEVE had seen Dr. Dickson, of Kingston, administer chloroform by what was called "Simpson's Method," but no attempt was made to count the drops, or give it by the watch.

Dr. TEMPLE gave a description of Mr. Clover's inhaler, which he had seen used by Mr. Clover himself in one of the London hospitals. It was considered the most complete system of administering chloroform, but the apparatus was very cumbersome, and rather expensive.

Dr. J. W. ROLPH gave a description of a sort of wire mask, with flannel sowed to it, that he had seen in Birmingham, for administering chloroform *guttatim*. He had, however, never seen it used.

Dr. WINSTANLEY inquired of Dr. Rosebrugh if he did not think the apparatus described by Dr. Rolph an improvement.

Dr. ROSEBRUGH replied that he preferred linen diaper, similar to that of table-napkins. In regard to using a mask, it had often occurred to him that a wire-gauze could be used with advantage in keeping the napkin in position, but he had never used it.

Dr. CUMMING remarked that he was inclined to think that Dr. Rosebrugh had underestimated the amount of waste of the chloroform vapor in administering chloroform *guttatim*. If he was correct in his supposition, a patient who inhaled 30 drops per minute, inhales only 3 or 3½ per cent. of

the vapor, instead of 3½ or 4, which would be a perfectly safe strength to administer. He considered, however, that it was a great improvement, if, with a simple apparatus, we can administer chloroform-vapor with anything of the definiteness that is attained by the admirable apparatus of Mr. Clover.

A vote of thanks was given to Dr. Rosebrugh for his interesting paper, and the hope expressed that it would be published.

SECOND MEETING.

DECEMBER 12th, 1868.

Dr. THORBURN in the chair.

In the absence of Dr. Tempest, Dr. Agnew was called upon to act as Secretary and read the minutes of the former meeting.

Dr. REEVE called attention to the abstract of Dr. Rosebrugh's paper on chloroform which appeared on the minutes, in which the number of drops, as given by Dr. Rosebrugh, were not given correctly in the minutes.

Dr. THORBURN remarked that, according to the minutes, Dr. Rosebrugh had the credit of originating a new method of administering chloroform; whereas he understood that Prof. Simpson was the first to administer Chloroform *guttatim*.

Dr. ROSEBRUGH replied that to Dr. Moir and Prof. Simpson were due the credit of introducing the method of administering chloroform *guttatim*; but in his (Dr. Rosebrugh's) method the element of *time* was introduced. He gave a definite number of drops per minute, according to the age of the patient, and also was able to ascertain the percentage of chloroform-vapor that is being administered at a given time.

Dr. HODDER being appealed to by Dr. Thorburn, stated that he had publications in his possession showing that chloroform had been administered *guttatim* years ago.

The election of officers then took place, which resulted as follows:

Chairman, Dr. HODDER; Secretary, Dr. AGNEW; Committee of Management, Drs. THORBURN, W. W. OGDEN, and ROSEBRUGH.

On motion proposed by Dr. REEVE, and seconded by Dr. Rosebrugh, it was decided that the night of meeting be changed from Saturday to Friday evening.

The CHAIRMAN then called upon Dr. Agnew to read his paper, which he called "A Round-about Paper." Under this heading, the Doctor read a very entertaining paper, in which he introduced a number of interesting medical subjects. The subject of typhoid fever was briefly referred to. He had recently several cases, which he treated successfully without much medication, his attention being chiefly directed to proper sanitary and hygienic regulations. He also referred to the reopening of the Toronto General Hospital. He was pleased to see that the Trustees had seen fit to place some of the younger members of the profession on the staff of visiting physicians. Dr. Agnew concluded by congratulating the profession on the formation of the Canadian Medical Association. He hoped that it would soon be followed by the

formation of county or electoral division medical societies, and that the meeting of the general Association, to be held in Toronto in September next, would be a success. He trusted that the profession of Ontario would do their utmost to make it so.

Dr. REEVE remarked, in reference to the treatment of typhoid fever, that a German, Dr. Brandt, had been very successful in treating these cases by keeping the temperature of the body down to 102° Fahrenheit, by means of baths.

Dr. CANNIFF had treated these cases satisfactorily by partial bathing or washing—one limb or part of the body at a time.

Dr. W. W. OGDEN was at present in attendance upon a case in which the delirium simulated that of *mania-à-potu*. He had that evening ventured to give morphine.

Dr. THORBURN stated that there were several cases of typhoid fever at present in the General Hospital. Two cases of his own had proved fatal.

Dr. ROSEBRUGH would remark, in regard to the organization of medical societies referred to in Dr. Agnew's paper, that the worthy Vice-President and Secretary of the Canada Medical Association, who represented the Province of Ontario, would soon see their way clear to the calling of a meeting of the profession of this Province, for the purpose of forming an Ontario Medical Association. Their very appointment to those offices by the projectors of the general Association indicated that the formation of Provincial Associations was contemplated.

Dr. CANNIFF fully concurred in the remarks of Dr. Rosebrugh, in regard to the advisability of the organization of an Association for Ontario. At the Convention in Quebec in 1867, the formation of Provincial Associations was contemplated and provided for, and he thought the time had now arrived for the carrying out of that intention. The meetings could be held semi-annually.

Dr. HODDER stated, in reply to the remarks of Dr. Canniff, that, as he was not present at the Convention in Quebec, he did not know that it was contemplated forming sub-associations; he did not hear of it in Montreal at the meeting there. Perhaps it would be well to call a meeting of the members of the general Association residing in the city, and have the matter discussed, as well as to make arrangements for the next meeting of the Association in Toronto next September.

A vote of thanks, moved by Dr. C. B. Hall, and seconded by Dr. W. W. Ogdén, was tendered to Dr. Agnew for his interesting paper.

Dr. HODDER announced that at the next meeting of the Medical Section (third Friday in January), he would read a paper on the Sphygmograph.

Thermometry and Cold in Typhoid Fever.

W. Neffel, M.D., in a paper on the application of the Thermometer to Diagnosis, &c., in the *New York Medical Record*, gives Brand's treatment (Brand: *Die Heilung des Typhus*, Berlin, 1868,) of typhoid fever. Brand's rule is to keep the temperature of the body below 39.5 C. (103.1 F.); and he reduces and regulates the animal heat by means of cold applied in different degrees, according to

the intensity of the fever. In mild cases the body is sponged with cold water and wet cloths are applied to the surface; while, in addition in severer cases, the tepid half-bath with cold affusions, or cold affusions shower bath, or cold bath with cold affusions, are requisite. Cold drinks and nourishing fluids are given from time to time. This treatment is eminently successful; the exacerbations are avoided and the fever kept in continuous remission; there are no intestinal complications, nor is there any collapse; the patient is never unconscious or delirious; and the mortality is nil. Dr. Neffel gives occasional injections of cold water, thus sometimes reducing the temperature one whole degree.

Reviews.

A THEORETICAL AND PRACTICAL TREATISE ON MIDWIFERY, INCLUDING THE DISEASES OF PREGNANCY AND PARTURITION: By P. CAZEAX, Member of the Imperial Academy of Medicine, Adjunct Professor in the Faculty of Medicine of Paris, Chevalier of the Legion of Honor, Correspondent of the Society of Accoucheurs of Berlin, President of the Medical Society of the Department of the Seine, etc., etc. Revised and annotated by S. Tarnier, fifth American, from the seventh French edition. By Wm. R. BULLOCK, M.D. Philadelphia: Lindsay & Blakiston. Toronto: W. C. Chewitt.

This valuable work on midwifery and diseases of pregnancy has been translated from the seventh French edition by Dr. Bullock. Since the death of Prof. Cazeaux, the work has been revised and edited by Prof. Tarnier, who has made a great many needed important alterations and additions. Prof. Tarnier, in his preface, states his reasons for undertaking the revision and annotation of a new edition of this celebrated work, amongst which are the celebrity it has attained as a text book, and the feeling that he was qualified to do so from his intimate knowledge with the work, and the defects which appeared in former editions, although he is careful not to change the spirit in which the work had been conceived. From his position in lying-in hospitals he has been enabled to test the value of the doctrines put forward by former authors, choosing those which were valuable and rejecting all those which were worthless. In compiling it, he has made use of the best authorities in France, England, and America. The plan of the work is arranged in the following manner: The chapters are grouped into eight principal parts. Part first is devoted to the female organs of generation. The pelvis is first studied by describing, separately, each of its component parts, afterwards, considering

them as a whole. Prof. Tarnier has here profited by M. Sappey's recent researches in regard to the structure of the ovary, and those of Dr. Helie (of Nantes), in regard to the structure of the uterus. The genital apparatus having been studied in the non-pregnant condition, those changes which they undergo during gestation are spoken of in the second place. The subject of labor is taken up in the third part of the work, giving great latitude to the description, and especially to the explanation of the mechanism of natural labor. The entire fourth part is devoted to the pathology of pregnancy. Chapters, entirely new, will be found in it on the diseases of pregnancy, the alterations to which the placenta is subject, and the death of the child during intra uterine life. The fifth part is devoted to difficult labor, and treats of the deformities of the pelvis and all other causes of dystocia, the way in which each operates their situation, detection, and means of remedying. The sixth is devoted to obstetrical therapeutics, and includes only two chapters; the first one is devoted to ergot and the second to the effect of a debilitating regimen. The seventh discusses the use of anaesthetics, and in connection with this subject, we notice that the author recants his former opinion given in a previous edition with regard to the use of chloroform in labor attended with convulsions. He gives the result of two or three cases in which he used it with marked success. The eighth and last is exclusively devoted to the hygiene of the child from the birth to the period of weaning. No medical man can look upon this work without a wish to possess one. The type is good, the illustrations beautiful, and the general appearance excellent. It is also, and ever will be, an authority upon the subject.

RETINITIS NYCTALOPICA. By Prof. Dr. ARLT, Vienna. From "Der Bericht Ueber die Augen-klinik." Translated, with consent of the Author, by J. F. WEIGHTMAN, M.D., of Philadelphia. Lindsay & Blakiston, Philadelphia. 1868.

In this contribution to ophthalmic literature, the author describes a new and distinct form of retinitis. The distinctive appellation, *nyctalopica*, is given it because defective sight in daylight is a very prominent symptom. The most important subjective symptoms are:—diminution of visual acuteness, and blinding in bright daylight, with decided relief after sunset or on a cloudy day: a thin mist seems to obscure distant objects, whilst those quite near have a greyish cast. There is generally only moderate impairment of vision: of thirty-three patients, the majority could read No. 11 or 14 of Jaeger's test-type. There is no precise relation between the duration of the disease and the extent of functional

disturbance. The whole field of vision is uniformly obscured; and, in all cases, both eyes become affected at the same time, and in nearly equal degree. The only objective symptoms of moment are those revealed by the ophthalmoscope. The inflammatory changes of the retina, (not distinctly observable, however, in all cases,) consist of a veiling, uniform or striped cloudiness of the retina, only in the papillæ or towards the equator. The retinal ecchymoses and distinct swelling of the papillæ, so frequent in other forms of retinitis, are wanting. The course of the disease is a long one; but, in the majority of cases, the prognosis is favourable. The cause of this affection is blinding by bright, reflected or diffused sunlight. The treatment aims at securing general quietude, functional inactivity of the eye, and protection from light. Local blood-letting is necessary at the onset; and the moderate use of mercury, followed by Iodide of Potassium, forms, in general, the most reliable constitutional treatment. A few cases in point are given; and we may reasonably coincide in the views of the learned writer, as set forth in his *brochure* on a subject at once so important and so delicate.

Selections.

CASE OF JAMES KEOUGH.

The following case is taken from Dr. Walter's *Conservative Surgery*, and one which illustrates forcibly his peculiar views:—

James Keough, pilot, of Port Perry, Alleghany County, Pennsylvania, aged 26 years, a tall, strong and healthy man, of good muscular development, bilious habit and phlegmatic temperament, on the afternoon of June 19th, 1867, while trying to pass from a skiff to a steamboat just entering the lock, had his right thigh crushed between the guard of the boat and the stone wall of the lock, the limb being jammed into a space of less than four inches. A frightful laceration over the front of the femur, without fracture of the bone, was the consequence. The skin fasciæ and muscles were torn and severely bruised—the rent beginning in the middle of the right groin, and extending obliquely downward toward the inner face of the knee. The lower surface of the scrotum, too, was broken in a transverse direction, allowing the testicles to drop out through the wound. Notwithstanding this extensive laceration, traversing the locality of the great venous and arterial trunks of the limb, there was but moderate bleeding at the instant. A medical man residing in the village was soon called in, who replaced the testicles and stitched the scrotal wound by seven silken sutures. The thigh wound was approximated as closely as possible by strips of adhesive plaster encircling the limb, and a wet compress was laid over it, with a Scoutetten's bandage confining the whole.

Four hours after the receipt of the injury, I was

summoned, the patient still suffering from the shock, as evidenced by a quick and small pulse, a feeling of prostration, great thirst, and comparative absence of pain. There had been neither chill, fainting, vomiting, nor even sickness of the stomach, the surface of the body being moderately warm, without perspiration. I met the medical attendant there, and requested the removal of the dressing, to which he consented, though reluctantly—a surgeon, who preceded me, having endorsed all was done, without even looking at the wound. This having been accomplished, the ragged integumentary rent was seen gaping for about an inch, while the torn muscular substance appeared in apposition. Some oozing of high-colored blood was still going on, and the limb retained its normal temperature.

Aware of the highly dangerous nature of the injury, I advised the immediate removal of all confining dressings, the reopening of the deep muscular wound already agglutinated, and the interposition of a strip of oiled muslin deeply between its lips and at the angles, for the purpose of allowing all bloody effusions and serous secreta to pass out as speedily and uninterruptedly as possible. Next, I insisted on enveloping the whole limb in a tepid linseed meal poultice, in order to encourage the much-desired outward flow of bloody extravasata from the injured textures, and at the same time to foster vitality in the member, which had been greatly lowered by the force of the injury. For the sake of promoting the comfort of the unfortunate patient, a well-cushioned sheet-iron splint, upon which the entire limb might be placed, was likewise offered. All these propositions were objected to, however, on the ground that the wound, being dressed, should not be any more interfered with, and that Nature should not be forced to overaction, which poulticing was alleged to produce. The prompt use of stimulants, too, with opium and quinine in repeated doses, as support to the system and antipyæmic agents, was suggested, and free ventilation of the room, and the strictest cleanliness in the surroundings of the limb and person, were emphatically urged, as absolutely indispensable hygienic agents. Unable, however, to convince the doctor of the fearful nature of the injury, and the importance and rationality of my views, which ample experience had tested, I left the patient, apprehensive of his speedy dissolution.

He got a dose of morphia during the night, and was reported next morning to have rested but poorly, his sleep having been in short naps, interrupted by startings and painful sensations of the limb. His mind, too, was found wandering; there was great thirst, and an offensive smell emanating from the limb, and the bandages surrounding it were profusely saturated with blood; otherwise, he was said to be doing as well as could be expected. No report was given of the condition of the wound and the limb, as the dressings had not been disturbed. What treatment, if any, was instituted during the day, I could not learn, but it was said that a light linseed meal poultice had been applied over the front of the femur in the evening. The following morning, June 21st, I received a telegram from his physician, requesting my immediate attendance, as there was fear of mortification setting in. On repairing to the place in the forenoon, life, so strong

and buoyant but a few days before, was seen just passing away; for stupor had already appeared, with sunken features, coldness of the surface of the body, and tympanitis, the pulse departed from the wrist, and the heart but feebly beating. The limb was enormously swollen, and purplish in color from the grain to below the knee, with dark venous blood and bubbles of air issuing from the gangrenous wound, which emitted a most disgusting odor; the bed-clothes, too, being impregnated with blood and ichorous fluid, thus adding to the patient's discomfort. There was a most sickening, putrefying stench pervading the whole room, no disinfectants having been used. Death quietly closed the scene a few hours after.

I need not express the mortification which I felt in not being able to convince the physician in attendance on the case, that, if the limb and life were to be saved, all interference by closing the integumentary and muscular wounds, bruised and lacerated, should be scrupulously avoided, and that genial warmth to the whole limb be offered by an emollient poultice, with the early and liberal use of quinine and opium, and stimulants. The wound, however, had been closed, and had been left so, undressed and uncleansed, for more than twenty-four hours, and no wonder that putrefaction, evolution of septic material and its absorption into the system, should have so rapidly occurred, considering the size, depth and nature of the frightful breach, lacerated and crushed, and the heat of the season; the patient, moreover, being confined in a small room, with low ceiling, not easily ventilated. Unwilling to contend that the life of the limb and of the patient would certainly have been preserved if the deep wound had been left open, its edges prevented from agglutinating, and freely ablated with aromatic and antiseptic lotions, and if natural temperature in it and the limb had been maintained by tepid emollient applications, frequently renewed, with support to the system by anodynes, quinia and stimulants, yet it is but reasonable to infer that pyæmia, the immediate cause of the patient's death, would thus have been prevented, and that, in all probability, limb and life would have been saved.

Nature has implanted in animals the instinct of cleansing their wounds, which generally are of a bruised and lacerated character, by frequent licking with their tongues, thereby preventing them from closing too hastily, and allowing all extravasata and secreta to be promptly removed; and man would do well to heed this lesson, and follow her dictates instead of his own pernicious notions.

The melancholy result of this case, therefore, will serve as a warning never to be forgotten, that breaches of surface of the limbs, produced by crushing forces, should not be closed, but left open, and kept thus by the interposition of a tent; and that they should merely be cleansed, and trusted in Nature's care so long as those bloody and serous effusions continue, which require free and immediate removal. With the advent of suppuration and granulation, however, the danger of septic poisoning diminishes, and gradual closure of the wound can be attempted: Nature herself, by agglutinating the corpuscula carnea which have formed, then pointing out that the time has arrived when the surgeon can safely interfere, and more

closely approximate the deeper as well as the superficial textures of the wound.

Although the wound in this case was not closed by sutures, which would still more have put up the septic material, yet pyæmia, nevertheless, rapidly set in. It is evident from this, that even approximating the lacerated muscles, *without interposing a tent* between their edges, is sufficient to confine the effusions and secretions, and thus lead to dangerous results. No deep lacerated wound, therefore, should ever be approximated, even gently, without first placing pledgets of lint, well oiled, between its lips, and down to the bottom, or a drainage tube through its track.

Would immediate or primary exarticulation of the thigh, at the hip joint, have saved the life of this man, and could it have been performed with any hope of success? It is not probable. For as the muscles up to the groin had all been subject to the crushing power, it is not likely that vitality in the stump could have been maintained. The closure of the lips of the wound, after exarticulation, would have subjected the system to the same poisoning process which it actually sustained by the close approximation of the edges of the original wound, because, in the first case, as in the latter, the crushed muscles would be buried, and the bloody extravasata, serous secreta and purulent collections, apt to form subsequently between the layers of bruised muscles, would be prevented from escaping. Life, then, could not have been saved in that way. A chance for life could only be offered in such cases, by leaving the large wound of the stump open, for the purpose of allowing all subsequent secretions to pass off as rapidly and uninterruptedly as possible; and by making, in addition, a longitudinal incision in the axis of the limb, through the dermis and fasciæ, with a view of relieving the tension of the injured tissues, and thereby preventing gangrene and pyæmic infection.

Case of Incised Wound of the Abdomen, With Transverse Division of the Small Intestine in two Places, and Division of the Mesenteric Artery.

By JAMES L. ORD, M. D.,
SANTA BARBARA.

October 7, 1867.—Was called to see B. O., a native Californian, aged thirty, who had received an incised wound in the left iliac region, over the spinous process of ilium. Arrived about two hours after he was wounded. Found the small intestines protruding enough to fill a hat, and cut in two places transversely, and a large branch of the superior mesenteric artery divided and bleeding profusely. The bowels were red and much congested; some of the feces had exuded from the intestines. Tied the artery with white silk, and sowed up the intestines with common sewing cotton, and a fine needle; gradually reduced the bowel.

In tying the artery and sewing the gut, left about four inches of the thread, intending to leave the ends out, but in reducing the bowel they went in together. The external wound was partially closed by two sutures, leaving the lower part open, so as to let out the blood, etc., that might have collected

in the cavity of the abdomen. There was considerable time occupied in reducing the bowels; as the opening was small, a little of either end was reduced at a time. No chloroform was used.

Gave Dover's powder, gr. xx., there being considerable pain and tenderness of the abdomen.

Next day gave hydrarg. sub. mur., gr. xx; there still being much abdominal pain on breathing.

October 9th.—Saw the man to-day; doing well; pulse, 86; breathing, 36; not as much abdominal pain on breathing; gave hydrarg. and tart. antim. to check peritonitis, and act on the bowels; considerable sanious discharge from the wound; gave no food, except water and corn meal gruel on the second day.

October 11th.—Had an operation from his bowels yesterday; little or no abdominal inflammation; appetite improving; ordered his diet to be increased; discharge from the wound still great; yesterday gave sulph. magnes. zss., in divided doses.

October 15.—Doing well, asked to get up; external wound smaller; discharge not so great; little or no tenderness on pressure of the abdomen, and no pain in breathing; at night complains of some pain which disturbs his sleep; gave sulph. morph., gr. j., at night; requested the attendants to notice if any pieces of thread pass the bowels.

November 10th.—This man rode to town to-day on horseback, distance about five miles, to report himself perfectly recovered. His attendants did not see anything of the pieces of thread that were used in sewing up the wounds, and so I think they must have been absorbed.

October, 1868.—This man has since died (September, 1868,) with phthisis; was not able to make a post mortem, being absent at the time of his death.—*Cal. Med. Gazette.*

Gun Shot Wound—Ball Lodged in the Astragalus.

By W. F. McNUTT, M. D., M. R. C. S. E.,
L. R. C. P. E., etc.

LATE U. S. N., SURGEON TO S. F. DISPENSARY, etc.

Ezra B., executive officer United States Sloop Choctaw, aged twenty-six, constitution impaired from frequent attacks of remittent fever. March 5th, 1868—"Admitted on sick list for vulnus sclopticum; received while on board the United States Ship Ouachita, during an attack on Harrisonburg, La., on the 2nd inst.

Mr. B. was standing on deck, directing the fire of the guns, when he received a wound in the right foot, a little below the internal malleolus. The ball penetrated a heavy balnear boot, and deeply into the astragalus. Dr. Francis, of the Ouachita, says that Mr. B. experienced no collapse, but was sick at the stomach a few hours after receiving the wound. Dr. Francis, finding that the ball could not be extracted without enlarging its track, applied water dressing, and ordered the patient to be kept quiet." To-day, March 2nd, on returning to his ship, he has no fever, very little swelling of foot, and no pain. I find the ball deeply imbedded in the bone, and cannot be extracted without enlarging its track, and conclude to continue the water dressings for the following reasons, viz:

The track of the ball usually suppurates. The

ball being lodged, does not increase or hasten the suppuration of its track, providing the ball be removed as soon as the suppuration of its track be sufficient to facilitate its removal. The presence of the ball may give no trouble.

7th.—Continues comfortable.

10th.—Still comfortable; no inflammation; continue cold water dressing.

13th.—Very restless night; tongue coated; some pain in foot; bowels constive. R.—Seidlitz powder.

14th.—Last night had excruciating pain in foot and leg, with high fever. Gave sulph. morph. gr. ss. every half hour six times. The pain not much relieved; gave chloroform until he got ease; put fomentations to foot. Quite easy this morning; bowels open. R.—Quinia sulph. gr. x.

15th.—Easy; good night; tongue still coated; no appetite; continue fomentations of anthesis. R.—Q. S. gr. i.

16th.—Continues easy; asks for the heat to be kept to foot. To-day took some egg-nog; wound granulating on the surface. Quinia sulph. gr. i.

20th.—Easy, and continues to improve; still no suppuration in track of the ball.

24th.—Comfortable; wound healing fast.

April 3rd.—Moving about on crutches; wound nearly healed; can bear considerable weight on foot without pain.

15th.—Uses a staff; walks with very little pain.

May 1st.—Returns to duty; no lameness; feels a little stiff from the adhesion of integuments about the wound.

I have heard from Mr. B. within a few months. He is now fuel agent for one of the Western roads, and has never had any pain or inconvenience from his foot. The ball was no doubt round, and fired from a smooth-bore rifle.

While balls often remain in soft tissues without giving inconvenience, it is seldom they lodge in a bone without causing a fracture.

"Il est assez rare de voir les balles s'arreter dans la tete des os sans y determiner de felure ou sans les faire eclater. Le Musée du Val-de-Grâce possède un beau spécimen de ce genre de fracture. C'est une balle logée dans la partie postérieure de la tete de l'humérus on elle a déterminé consecutivement une cavité, au centre de laquelle elle est mobile comme un grelot, sans avoir laissé trace d'aucune autre lésion." (L. Legouest Traité Chirurgie d'Armée.)—*Cal. Med. Gazette.*

Clinical Lectures.

MEDICAL CLINIC.

By AUSTIN FLINT, M.D.,

PROF. BELLEVUE HOSPITAL MEDICAL COLLEGE.

CASE I.—*Albuminuria.*—Dr. Flint first called attention to the fact, as illustrated in a case already presented, that one examination of the urine was not sufficient for the diagnosis of renal disease. The patient had been a drinker of spirituous liquors, generally whiskey "straight," for fourteen years. He had hydroperitoncum. The urine, on admission, contained no casts or albumen. Under a week of hospital hygiene and diuretics, he had

much improved; but now the urine contained albumen.

CASE II.—*Jaundice from Subacute Duodenitis.*—Man, middle-aged. Well up to September 29th, upon the morning of which day he had a chill, with pain and tenderness in right hypochondrium. Anorexia; nausea and vomiting, constipation, relieved by castor-oil. Debility, cough with slight expectoration, and slight jaundice, existed on admission. Urine not examined, but probably contained more or less bile.

In such cases we might diagnosticate subacute duodenitis. Sometimes subacute gastritis also existed. The jaundice was due to the fact that the inflammation had extended along the bile ducts, producing obstruction. It might be prognosticated as of brief duration. Mild purgatives were indicated if the bowels were much loaded; small blisters over the epigastrium were serviceable; and mild anodynes, e. g. hydrocyanic acid or bismuth, might be used as palliatives.

CASE III.—*Vertigo.*—Man, æt. 26, oyster-opener. A drinker, and formerly a great smoker. Appetite fair; no dyspepsia. Had been subject to vertigo for a year, during which he had quit work, apprehending an attack of paralysis or epilepsy. But as a rule, vertigo did not precede these diseases. It was more frequently connected with disorder of the stomach. Immoderate use of tobacco and excess in venery were also not infrequent causes. It was ordinarily a functional disorder, not dependent upon antecedent organic disease. This patient bore no evidence of disease of brain, heart, lungs, or abdomen; he had improved since admission. The treatment consisted in allaying mental apprehensions; next in removing any physical derangements, and in giving tonics, and securing good hygienic conditions.

CLASS IV.—*Renal Dropsy.*—*Treatment by the Bichloride of Mercury.*—In the case of a man with general dropsy of four months' standing, dependent upon renal disease, Dr. Flint called attention to a new method of treatment by the use of the bichloride of mercury in small doses. The patient had been in the hospital about two months. On admission his urine contained albumen and waxy casts. Corrosive sublimate was given in doses of 1-32 part of a grain with compound tincture of cinchona. The dropsy had now nearly disappeared. This result, however, might be due to a considerable extent, to the improved hygienic conditions under which the man had been placed. It was also not as yet perfectly certain whether his disease was organic or simply acute tubal nephritis; in the latter class of cases recovery generally took place, and the disease did not tend to terminate in organic disease. The new treatment was also being employed in another case of general dropsy, attended with renal disease and hydrothorax. The results of the treatment would be stated at some future period.

CASE.—*Sulphite of Soda in Intermittent Fever.*—Dr. Flint next spoke of the use of sulphite of soda in the treatment of a case of intermittent fever, which he presented. It had been found to act not so promptly as quinia, but more permanently. A drachm three times a day would be given to the patient, a boy at about eleven years. In this case also the result would be stated subsequently.—*Med. Record.*

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE, }
Philad., Sept. 16th, 1868. }

SURGICAL CLINIC OF S. W. GROSS, M. D.

REPORTED BY DR. NAPHEYS.

NEVUS.

Mary F., *ret.* 3 mos. This child has a vascular tumor situated over the acromion process of the left scapula, constituting what is known as *nevus maternus*. It was noticed at birth, and was then as large as a small pea. It has increased rapidly in size, making now a mass as large as a walnut. It has a soft, spongy, compressible feel. The cutaneous capillaries are very much enlarged and dilated, giving a decidedly florid aspect to the tumor. There is also enlargement of the subcutaneous vessels, constituting thus a combination of *nevus* of the skin and of the areolar tissue. Inasmuch as the child is well-nourished, and the tumor is situated in the cutaneous tissue, it doubtless contains an admixture of fat, giving rise to a *nevoid lipoma* or *nevoid fatty tumor*. It is not an arterial tumor, otherwise it would pulsate, and impart to the hand a distinct vibratory thrill.

In the treatment of such tumors various measures may be resorted to. The base of the tumor may be transfixed by two needles at right angles, and a thread thrown around them. In the course of four or five days, the whole of the mass thus strangulated will fall off, and the surface afterward heal by the granulating process. Injections of irritating fluids may be used. Care should be exercised, however, in their employment, as the introduction of a single drop of the solution of perchloride of iron was followed by the same result. Other cases of a similar nature are on record. The solution of the subsulphate of iron (Monsel's salt) should be preferred for injection. It will produce immediate coagulation, and in the course of a few days the whole tumor will slough off, leaving however, an ugly scar. In exposed situations, therefore, injections should not be used. The employment of the actual cautery by means of heated needles inserted into the tumor is said to be attended with its rapid disappearance. In very small nevi, occurring in children who have not been vaccinated, the virus may be introduced into the tumor, thus setting up adhesive inflammation; or a small seton may be passed in.

Generally these tumors are surrounded by a capsule, more or less distinct, which does not consist of a new formation, but is produced by the condensation or thickening of the surrounding connective tissue. The presence of this envelop, therefore, permits of the enucleation of the morbid growth, and it is for this reason that excision will be resorted to in this case. Care will be taken not to cut into the tumor, but around it, and then enucleate it. This will require delicate dissection, the operation being much more troublesome than by ligation. Hemorrhage can be controlled very readily by means of the twisted suture. The operation is less objectionable than strangulation,

particularly on the face, as it leaves less of a mark.

The child was placed under the influence of chloroform, and the operation of excision performed in the manner indicated. The little hemorrhage that occurred was effectually controlled by three points of the twisted suture. The tumor, when removed, was found to be made up of dilated vessels, and loaded with pellets of fat.

The child has a small cutaneous *nevus* on the buttock. This will be treated by the application of collodion, with the hope that the contraction of the collodion will cause the enlarged vessels to diminish and finally disappear.

FATTY TUMOR.

Eliza C., colored, *ret.* 23. This patient has a large pendulous tumor at the upper and outer side of right thigh. It was first noticed eight months ago. As it was then the size of a hen's egg, it may have been in existence for two months before it was observed. It is not attended with pain, and is very tolerant of rough manipulation. It is distinctly lobulated, freely movable upon the subjacent parts, and has a soft, doughy feel. There is no discoloration of the skin, nor enlargement of the superficial veins.

This is a *lipoma* or *fatty tumor*. The rapidity of its growth is rather characteristic of malignancy than otherwise. But the growth of fatty tumors is very capricious, although, as a rule, they increase slowly. She is desirous of having it removed, because it is in her way. These tumors sometimes inflame, and even become gangrenous under injury.

This is a benign, homologous tumor, consisting simply of excessive hypertrophy of the normal fat of the part, and contained in a distinct capsule or cyst, formed by the condensation of the surrounding connective tissue. The nourishment of such a tumor is extremely small, there being only one or two nutrient arteries entering at some point of the capsule. On account of its slight vascularity, it bleeds very little when excised, and its enucleation is very easy. If it were more deeply seated, it might be taken for a chronic abscess or cyst. In such a case the differential diagnosis could only be made by the introduction of an exploring needle.

The tumor being altogether superficial, lying immediately beneath the skin, and external to the fascia lata, has stretched the skin and made it very tense, so that if a simple incision were made, there would be a redundancy of integuments after its removal. An elliptical incision was therefore made, and the tumor readily enucleated. The operation was attended with the loss of very little blood.

It was formerly supposed that by the administration of liquor potassæ, it was possible to saponify the fat in such a tumor, and thus bring about its absorption. But no treatment other than by the knife is of any value.

SCIRRHUS OF THE BREAST.

Ellen M., *ret.* 60. This patient, seven years ago, fell down and struck her right side, breaking the third rib. Two and a half years after this injury a small tumor made its appearance over the seat of fracture. This growth, which was attended with sharp pain, but with no enlargement of the glands of the axilla, increased rapidly in size. Four months after it was first noticed it was removed, it being then about as large as a goose egg. Two years after

the operation the tumor reappeared at the cicatrix. Eleven months after the second appearance of this tumor, the glands in the axilla became enlarged, and five months ago the glands above the clavicle began to increase in size, and they are now exceedingly numerous.

The tumor is now extremely hard, sensitive on pressure, and the seat of fearful lancinating pain. As it is situated beyond the confines of the breast, and its upper and inner limits, no characteristic retracted appearance of the nipple would be expected.

This disease is not encephaloid, for it is of too long standing. Encephaloid is acute cancer, scirrhous is chronic. Encephaloid is soft, elastic and fluctuating at some points; this tumor is wonderfully hard and inelastic. Encephaloid is always very large, while this tumor is small for its duration. These characteristics, and the early involvement of the lymphatic glands of the axilla, and of the supra-clavicular region, together with the sharp, lancinating pains, all point to scirrhous. It is nodular scirrhous not infiltrated or lardaceous. It has extensive adhesions to the surrounding parts, to the muscles below, and through the muscles to the ribs. At the lower part of the tumor there is a large scirrhous nodule, which is now involving the gland substance itself. Soon it will begin to draw towards itself the lactiferous ducts, and the nipple will retract and disappear beneath the skin.

The surface of the prominent mass is very red, and pervaded by minute vessels, showing that the circulation of the skin is becoming affected, and indicating the early appearance of extensive ulceration. If this had been encephaloid it would have ulcerated long ago, presenting a protruding, fungous mass, attended with profuse loss of blood. In this case there is no bleeding, except that consequent upon the irritation of scratching.

Scirrhous usually occurs between the ages of 45 and 60; encephaloid, as a rule, earlier in life. Dr. Gross has reported in the *North American Medical Surgical Review*, for May, 1857, a case of scirrhous, occurring, it is believed, at the earliest age on record; it presented itself in the liver of a child three months old.

Mr. Collis and Mr. Spencer Wells have great faith in the bromides in the enlargement of lymphatic glands. Mr. Wells advises, in cases of this description, in which the lymphatic involvement is going on very rapidly, to give the bromides in connection with cod liver oil. This treatment will be pursued with this patient. She was ordered fifteen grains of bromide of potassium, in a table-spoonful of cod liver oil, night and morning. The preparations of hemlock have a great reputation for relieving the sharp, shooting pain of cancer. The patient was directed to take two grains of extract of conium, at night; but as the action of this drug is uncertain, morphia will be substituted for it, should it fail to afford relief. If there were an open ulcer, the ointment of stramonium would be applied, as it makes a capital salve. She is taking iron, quinine, and nux vomica, and is to live well. Surgical interference is out of the question.—*Medical and Surgical Report r.*

The author of the article, "Hooping Cough," in our December number, was Dr. McKelcan, of Hamilton, whose residence we had not stated.

Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Operations for Extraction of Cataract.

By J. F. MINER, M.D.

GENTLEMEN:—I regret these cases of cataract could not be presented before you at a later period of the term, after the whole subject had been fully considered in the lecture room. I will, however, briefly state some of the general facts connected with this disease, and the principles upon which the various operations for its removal are based.

Cataract is opacity of the crystalline lens, or of the capsule of the lens, or both of these combined, and may be *congenital*—appearing at or soon after birth; *idiopathic* or primary disease; or *traumatic*, that is, arising from injury. In congenital cataract the lens is soft; in traumatic cataract, also, the lens is soft, that is, it has at least its usual semi-gelatinous consistency, and can be easily cut through with any fine needle or instrument, and is called soft to distinguish it from that condition assumed by the lens in age, or in many instances of cataract appearing in persons past the middle period of life, called hard cataract. We have, then, *hard* and *soft* cataract; the methods of distinguishing between them will be fully described hereafter. The causes of congenital cataract are not very apparent, but it seems peculiar to some families, all the children perhaps having cataract at, or soon after birth. The disease as it appears in persons past the middle period of life can generally be traced to no plain or obvious cause. Punctured wounds of the globe, especially if the capsule of the lens is at all disturbed, are almost certain to produce opacity; blows upon the temple or head, and particularly blows upon the globe of the eye cause cataract. The causes of cataract, then, are constitutional, or general, and local, the first of which are not much understood, while the latter are sufficiently obvious. The diagnosis cannot be difficult; all you have to do is to place your patient in good light, and standing directly in front, you will see behind the pupil, the milky white lens. You can hardly mistake it for any other condition of the eye, even in its early stages, it will be distinctly visible, and all refinement of examination to determine its character is quite unnecessary; reflections from mirrors or other sources are to be avoided, and your diagnosis is not very liable to be incorrect. You have only to observe these patients before operation and you will ever after readily recognize the disease.

Medicine has no influence upon the progress or termination of cataract, and you will never prescribe drugs either for its prevention or cure. Charlatans have sometimes practiced upon the credulous—have deceived them by dilating the pupil with belladonna or atropia, its active principle, and thus admitting more light into the eye have temporarily improved vision, but beyond this, no improvement can be made in vision by the use of medicine.

All operations for its cure are comprised in *two* or perhaps *three* general plans. The lens can be removed from the eye by different modes of operation; it can be displaced and removed from the field of vision; and, it can be divided and its capsule ruptured, the aqueous humor is thus admitted to its substance by which it is dissolved, or as it is called, absorbed.

Soft cataract requires for its removal rupture of the capsule, or rupture of the capsule and division of the lens; the process of removal then proceeds from natural causes. Hard cataract may be displaced below the axis of vision or extracted from the eye. Displaced, it is liable to cause inflammation in the choroid retina or iris—to act something like a foreign body, and by its presence finally induce changes in these delicate structures, which are fatal to the vision. Generally, however, the lens is mostly dissolved or absorbed, even if quite hard, and thus good results are often obtained by the operation by *reclination* or *couching*, as it is called. This plan of operation has been extensively practiced, and has afforded on the whole very favorable results, but in hard cataract it is not the best operation which it is possible to make, and at the present time the best operators never adopt it. The less experienced choose it, since it is vastly easier of execution, and exposes the surgeon and perhaps the patient to fewer risks. Only the easy and expert operator should attempt operation by extraction; the plan by reclination or couching is undoubtedly safest and best with inexperienced surgeons, while extraction offers advantages when it is skillfully made.

Please observe the preparation and mode of making operation for cataract. Our first patient, Miss West, has had the lens very successfully removed from the right eye, by the same method, in May last. She has now returned for a similar operation upon the other eye. No general preparation of the patient is necessary; she was directed not to take breakfast this morning, hoping thus to avoid vomiting from the chloroform, and the iris has been dilated with atropine. When *completely* under the influence of chloroform, and not until anesthesia is complete, the cataract knife is made to enter the anterior chamber of the eye; to pass rapidly and steadily through it, and thus to make section of the upper third of the cornea near its union with the sclerotic. The manner of this section is one of the important steps in the operation, and attention is directed to it. The knife is to be passed through the chamber so steadily and quickly that the aqueous humor does not escape until the section is *completely* complete, otherwise the iris may be protruded before the knife, and embarrass the procedure. When the opening in the cornea has been made, and the water in the chamber has escaped, the next step necessary is to rupture the capsule of the lens, which is done with a cataract needle or other sharp instrument introduced through the corneal wound and passed through the pupil to the lens. When this is completed, the opaque body often presents itself at the corneal opening, and with very little assistance makes its escape; in this instance it is so, and I pass the lens to you for examination. The upper eyelid is now raised, and the cornea adjusted with care, so that there may be early union. The lid is drawn carefully over the wound, a graduated compress placed over the eye, and roller bandage applied to afford pressure and support to the globe. The removal of the lens in this instance has been entirely satisfactory, and no accident of any kind has embarrassed the procedure. So far as can be judged, the highest expectation of its success may be indulged; but there are yet sources of danger and failure which no operative skill can remove; these will be fully explained to you hereafter.

You have this morning had opportunity to observe the operation for extraction of cataract in three eyes, but I regret it could not have been afforded you after having fully studied the subject. There are several other modes by which the diseased lens is removed from the field of vision, and it would have been instructive to have varied our process to these various ways which surgeons have adopted for this purpose. My sense of duty to my patients has alone prevented it, and I have chosen the one which my experience and judgment dictate as the best. It has been proposed of late years to make iridectomy—section of the iris—previous to, or in connection with, this mode of removing the lens, the idea being that the lens would escape easier after a part of the iris had been removed. It appears to me wholly unnecessary in most cases, as the lens will pass readily through the pupil when it is dilated without any such section. A part of the iris can be removed with great safety, but it is a deformity to the eye, and, as a rule, is wholly unnecessary. There may be cases where such preliminary or accompanying operation is desirable, but I am convinced that it ought not to be made for the purpose of facilitating the escape of the lens, when the eye retains its normal condition in other respects. This field is too extensive for even a notice of the important questions involved, and I must defer further comments for future opportunity.—*Brief Med. Jour.*

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, Nov. 25, 1868. Dr. B. H. Sands, President, in the chair. The Committee on Microscopy reported the specimen presented by Dr. A. Clark at the previous meeting, as one of encephaloid degeneration of the kidney.

ABSCESS OF BRAIN FOLLOWING OTITIS—PARALYSIS IN LAST HOURS OF LIFE.

Dr. A. Clark presented a brain which had been the seat of an extensive abscess, the results of otitis. The abscess was situated in the inferior portion of the cerebrum, in about the middle line of its measurement from before backward, and almost its entire thickness from without inward. The following history of the case was drawn up by Dr. Tracy of Bellevue Hospital:

John Barton, 26, N. Y. Sailor. Single. Admitted, Nov. 21st. Patient had always been a healthy man, with the exception of a suppurative otitis of the left ear, the duration of which could not be ascertained. Two weeks before admission he was seized with vertigo, and fell, losing consciousness for an instant. He had ever since suffered from severe pain in the head, increased on the slightest motion, and most intense when he lay in a recumbent position. He also complained of pain in the back of the neck and between the shoulders. The scalp was tender to touch, and the spine sensitive to pressure, down as far as the third dorsal vertebra. The slightest blow upon the spine greatly intensified the cephalalgia. Some intolerance of light. Complains of numbness across the hips, and weakness of the lower extremities, though sensation appears perfect. Pupils about normal in size, contracting equally and readily to light. No lesion of hearing. Tongue heavily coated with a white, pasty fur. Breath foul. Appetite poor.

Bowels regular. Urine free. No paralysis. Skin hot and dry. Pulse sixty-four and full. No delirium, but an indisposition to talk. He answers questions rationally, but in a listless way. On the morning of Nov. 22d, he was still rational, but is not roused so easily. Cephalalgia less, and localized under the left parietal protuberance. No pain or tenderness of the spine. Has had no convulsions since the commencement of his illness. And no vomiting. Eats little. Has had passages from the bowels and bladder. Abdomen retracted. Liver normal. Lungs and heart normal. Intolerance of light less marked. Is very drowsy. Pulse slow and full. Skin moist. In the evening he was much the same. Nov. 23. Is hemiplegic on the right side. Still conscious, but is roused with difficulty. Answers to questions rationally. Temp. 101°. Pulse 60. Is tied down in bed, as he is restless and in continual motion. No complaints from him. Still answers questions rationally. Perspiring profusely. Pupils still equal in size, and respond to light readily; still some intolerance of light. At one o'clock, a.m., of Nov. 24th, he was seen, and found in a state of coma. His left pupil was dilated, and the right strongly contracted. Pulse 90, and feeble. Stertorous respiration. At 5 a.m. he died. No convulsions from first to last. At the autopsy, the internal organs were found healthy, excepting the brain. A large abscess was found in the middle lobe of the left hemisphere, which was torn open on removal. It contained about two ounces and a half of pus. The pia mater was intensely congested. There was caries of the petrous portion of the temporal bone around the internal ear.

STONE IN THE BLADDER, UNRECOGNIZED FOR THREE YEARS.

Dr. C. C. Lee exhibited a specimen of stone, on behalf of Dr. A. N. Dougherty, of Newark, who furnished the following history:

Mr. J. C., a man aged 70, had been suffering with vesical symptoms for the last three years. As he was thought to be near death, and was not regularly under the care of any physician, I was called in—mainly for the purpose of supplying the necessary death certificate. He was extremely emaciated, and so exhausted that he could scarcely speak. At different times the urine had been bloody, and now dribbled constantly from the patient; he had frequent paroxysms of pain, and constant discomfort, which was referred to the neck of the bladder.

His chief medical treatment had been at the hands of a homœopath, and no sound had ever been passed. I at once introduced a catheter as far as the neck of the bladder, but its further progress was arrested by a large stone, which was distinctly felt. The patient died in forty-eight hours, and at the post mortem examination the accompanying specimen was removed; a phosphatic stone, weighing six ounces, one drachm, and completely filling the bladder, which contained nothing else except a little pus and mucus. No further post-mortem examination was permitted, and even the kidneys were not removed. The patient entertained peculiar religious views, thinking himself perfect, the special child of God, &c., and was disinclined to employ medical aid, as postponing his death, which he looked forward to with pleasure and

anxiety. This state of mind doubtless abated his pain.

The case is interesting from the non-recognition of so evident a foreign body in the bladder; and it shows how possible it is to overlook the most obvious indications of disease, and misled by a plausible hypothesis, to adopt erroneous conclusions.

Probably the attendants here said: "This is an old man; old men often have prostatic enlargement; prostatic hypertrophy is accompanied by the symptoms here presented; this is no doubt such a case, and, being such, nothing remains to be done."

A correct diagnosis, made at the early stage of the disease, would have enabled the medical attendant, by either lithotripsy or lithotomy, to relieve the sufferer, and give him, perhaps, ten more years of comfortable life.

The stone weighed six ounces and one drachm, was phosphatic, with a uric acid nucleus. In connection with this case he exhibited a plaster cast of a stone weighing thirteen ounces, removed from the bladder of a patient, presented some months ago to the Society in which it will be remembered, the presence of the foreign body was not recognized until the autopsy. That stone was the largest he could find on record.

Dr. Cutter exhibited a uric acid calculus the size of a pigeon's egg, which he had successfully removed from the bladder of a gentleman twenty-eight years of age, by Allarton's method. There had been no dribbling of urine after the operation, the patient being able to hold his water for twelve hours. After the sixth urination all passed through the urethra.—*Medical Record.*

Indigenous Remedies of the Southern States which May be Employed as Substitutes for Sulphate of Quinine in the Treatment of Malarial Fever.

By JOSEPH JONES, M.D.,

PROFESSOR OF CHEMISTRY IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUISIANA, NEW ORLEANS, LOUISIANA.

No. 23.—*Cotton Plant.*—(*Gossypium.*)

The numerous varieties of the cotton plant in the Southern States have been referred to two species, viz.: the short staple, upland or green seed (*G. Herbaceum*), and the long staple, black seed or Sea Island (*G. Barbadosense*).

The former variety is said to be a native of India, Africa, and Syria, and the latter of Barbadoes. The ancient Mexicans are said to have cultivated cotton at the time of the Mexican conquest; and the relation of the genuine Mexican variety to the plant, as it is found in India and China, would be of interest not only to the botanist, but also to the archaeologist, seeking the origin of the Mexican and Peruvian nations, with their peculiar forms of civilization.

It has been claimed, by a number of practitioners of medicine in the Southern States, that the root of *Gossypium* (*cotton plant*) possesses the power of stimulating the uterus, so as to cause abortion in a pregnant female, or the return of the menses in cases of amenorrhœa. It has also been said to

equal ergot, in its power of exciting uterine contractions during labor.

Dr. Bouchelle, of Mississippi, who believes it to be an excellent emmenagogue, and not inferior to ergot in promoting contraction, states that it is habitually and effectually resorted to by the negroes of the South for producing abortion; and thinks that it acts in this way without injury to the general health. To assist labor, he employed a decoction made by boiling four ounces of the inner bark of the root in a quart of water to a pint, and gives a wineglassful every twenty or thirty minutes.

Dr. Ready, of Edgefield District, South Carolina, says that his attention was called to its emmenagogue properties by an article which appeared in a medical journal published some years since. He has since used it in suppression of the menses, but more particularly in many cases of flooding with entire success. Dr. Ready believed it to produce as active contractions of the uterus as ergot itself.

Dr. Porcher states that, in South Carolina, much use is made of the root in the treatment of asthma—a decoction being generally employed.

This plant has been used in the South and West as a substitute for quinine in intermittent fever.

Professor R. H. Frost, of Charleston, South Carolina, communicated to the *Charleston Medical Journal and Review* the following facts with reference to the use of the cotton seed (*Gossypium Herbaceum*) as an anti-periodic in intermittent fever:

"The information is derived from Dr. W. E. Davis, of Monticello, Fairfield District, South Carolina, in reply to enquiries made by him as to the medicinal properties and uses of cotton seed tea in some of the forms of fever. The use of cotton seed tea in fever originated with a planter in Newbury District, who has used it liberally among his negroes, and uniformly with success. 'I have never failed,' said he, 'to cure a patient with a single dose of it, even where large doses of quinine have failed. When a patient has been ill of third-day fever and ague, and for months, in such cases success has followed its use.'

"Professor Shepard's analysis of cotton seed shows it to be composed of many inorganic matters, some of which may really possess great medicinal virtue in this disease.

"The mode of using cotton seed tea is as follows: After having given a dose of calomel, the day or night previous to the attack, followed by castor oil in time to produce a cathartic effect before administering the tea, you put a pint of cotton seed with a quart of water, in a vessel, boil an hour or two. Before the usual recurrence of the ague, give the patient a gill of the warm tea to drink.

"Without advancing any opinion with reference to its exhibition, whether for or against, I present it to the notice of the profession as a remedial agent becoming popular in domestic use in the section of the country mentioned, and, therefore, claiming investigation on the part of the profession."

H. D. Brown, of Copiah County, Mississippi, communicated to one of the newspapers during the recent war, the following notice on the use of cotton seed tea as a substitute for quinine:

"I beg to make public the following certain and thoroughly tried cure for ague and fever: one pint of cotton seed, two pints of water, boiled down to one of tea, taken warm one hour before the expected attack. I have tried this effectually, and unhesitatingly say it is better than quinine; and, could I obtain the latter article gratuitously, I would infinitely prefer the cotton seed tea. It will not only cure invariably, but permanently, and is not at all unpleasant to the taste."—*St. Louis Med. Reporter*.

ECTROPIUM INTESTINORUM.

By GEO. FREDIGKE, M.D., CHICAGO.

History.—The individual affected was a boy, born at 6.30 A.M., the 15th November, by Mrs. B., wife of Jacob B., and attended by Mrs. F., a midwife. The mother is 21 years old, healthy, and was delivered of a girl 16 months ago, so that this was her second child.

Description.—From an opening 2 inches in length at the umbilical region, $\frac{1}{2}$ inch to the right of the umbilicus, and parallel to the linea alba, bulged out the greater portion of the intestines. Their coats were hypertrophied, and the abdominal wall was to such an extent contracted as to allow only the admission of the small finger on both sides of the orifice. The rigidity of the abdominal wall did not allow of any stretching. It was an 8 months' child, passed its natural secretion, faeces, and urine. In the morning it vomited bile, and in the afternoon nursed at its mother's breast; its pulse was regular, as also its respiration. The portions out were made up by the duodenum, jejunum, and ileum of the small intestines, and the colon and a portion of the rectum of the large intestines. It died the next day, the 16th November, having lived exactly 21 $\frac{1}{2}$ hours.

Treatment.—I was called to the aid of the child at 11 $\frac{1}{2}$ A.M. on the day of its birth. From the time of its birth till then, two inches more escaped. By warm and emollient applications, I succeeded in replacing what had, since its birth, escaped (by crying and bearing down); but to crowd in more of the protruded parts was like stuffing a full bag. If the child was handled and the escaped intestines not disturbed, it was quiet; but if they were touched, it would cry. The specimen could not be obtained, nor was a *post mortem* allowed to be made.

Remarks.—Similar cases, although of rare occurrence, occasionally occur: a specimen of ectropium of the bladder can be seen in the museum Chicago Medical College. Judging from the appearance of the fissure, and taking into account the early development of the intestines and abdominal walls, it is very probable that it was a natural defect. At the end of the second month of foetal gestation, the intestines grow much faster than the abdominal walls; so much so, that they are incapable to hold the mass of the bowels, and they protrude, like a hernia. At this time, the growth of the abdominal walls must have been by some cause arrested in this case, and the above condition made permanent; for it was absolutely impossible to find space enough for an insignificant portion of the protruding intestinal mass. Congenital umbilical

hernia occurs by an imperfectly closed umbilicus; but this case was very much different, for the umbilicus was perfectly formed.—*Chicago Medical Examiner.*

Medical News, Items, &c.

Antoine Clot-Bey.

The following from the *Messenger de Toulouse*, we copy from the *Medical Times and Gazette*:

Clot was one of the most intelligent and, at the same time, one of the poorest practitioners of Marseilles. He lived as a Bohemian, ill-clothed and ill-fed, drawing teeth now and then for the sailors, dining a little better when the extraction of a few molars put a little in his purse. Mehemet Ali, having taken it into his head to import civilization into Africa, commissioned General Lirron to expedite workmen, surgeons, savans, merchants, etc., to Egypt, each workman to receive 150 francs besides a free passage. Dr. Clot presented himself with a seedy coat, holes in his boots, and a shapeless hat. 'General,' he said, 'I am a Doctor in Medicine—here is my diploma. I have plenty of courage, but no clothes. All I ask is to try my fortune.' The General selected him. When Mehemet Ali passed his French consignment under review, he found that there was not one of the newcomers able to exchange a couple of words with him. Still Mehemet understood Italian, and one of the emigrants only was found who could speak that language fluently. It was Dr. Clot. Conversation was rapidly set up, and Clot as rapidly became a favorite of the Viceroy. Six months afterwards a School of Medicine and Hospital were founded. Clot studied Arabic so effectually as to be able to speak the language and peruse the medical writers. He delivered his lectures in that language, received a commission in the army, and became Bey at the same time as Colonel Selves became Pacha under the name of Soliman.

Clot abdicated neither his nationality nor his religion, continuing all his life a Frenchman and a Catholic, and always employed all his influence for the protection of the Catholic missionaries. This point is to be insisted upon, as he has been accused of apostacy. He repaired, however, several times to Rome, where he was well received, thanked, and encouraged by the Pope. In fact, he lived and died a Christian. Many were the difficulties he had to overcome. Mussulman fanaticism interdicts all anatomical studies, and when he proposed dissection there was a general explosion. The ulmas, the muftis, and devotees of every description besieged the Viceroy and demanded of him the closure of the school. Dissecting bodies were indeed a profanation. Mehemet put them off, and bade Clot-Bey commence his demonstrations. The Professor, forceps and scalpel in hand, opens the chest of a corpse, when one of the students, more fanatical or bolder than the others, rushed upon him and stabbed him with a poignard. The blade slid over the ribs, and Clot-Bey, perceiving that he was not seriously hurt, took a piece of court plaster from his dressing case and applied it to the wound, observed to his class—'We were speaking of the disposition of the sternum and the ribs, and I now

have to show you why a blow directed from above had so little chance of penetrating the cavity of the thorax.' This proof of *sans froid* gave him an incontestable moral ascendancy over his pupils. He continued his lectures, and turned out some skilful practitioners. He was Officer of the Legion of Honor, and Commander or Grand Cross of almost every order of the world, having more than sixty decorations, although never wearing other than the red rosette, the cross of his own country. In one of my conversations with him, I asked him his matured opinion on the plague of the East, a disease which he had studied for a quarter of a century, and had so successfully combated. 'Is it contagious?' 'Certainly not. For eighteen years it has existed wherever I have been. I have passed entire days in visiting patients, changing their position with my own hands, because no one else dare touch them. Well, after thus being in contact with hundreds of them, I have gone home and have found running to meet me my only daughter. She would throw her arms around my neck, and I pressed her to my heart, never for an instant believing that I exposed her to any danger. I entirely deny contagion.'—*Medical and Surgical Reporter.*

Bromide of Potassium in Dysmenorrhœa.

Among the many uses of bromide of potassium, I have not observed any notice of its employment in a disorder which so often baffles the skill of the practitioner—dysmenorrhœa.

I was led to its use on general principles, believing dysmenorrhœa, as it exists among young women of the wealthy and luxurious classes of society, to be generally a disorder of enervation, corrected by whatever means, hygienic or therapeutic, which will most fully restore the health and equilibrium of the nervous system. My first trial of the drug was in the case of a young lady who had suffered intensely for years, and who had run through a long list of remedies, both at home and abroad, without relief. After the first trial, she reported a marvellous improvement, saying she had suffered very little, indeed. Since then I have tried the remedy in a number of cases, and in several of them with satisfactory results. I generally find the annexed prescription sufficient for one time:

R. Potass. bromid., 2 drams.
Aque pure, f. 2 oz. M.

S. A teaspoonful in water an hour after each meal.

I direct the patient to commence its use two or three days before the expected time of suffering, and to continue it until the amount prescribed above is used, repeating the same at each subsequent period so long as it may be needed, and while it meets the indications of the case.

I cannot but believe that many of those cases of contracted cervical canal which have been met by surgical treatment, might yield to this remedy; and regarding sphincters as intended to be *relaxed*, not divided, every application of therapeutics which can prevent mechanical interference in such cases must be regarded with favor.

P.
Philadelphia, Nov., 1868.

—*Medical and Surgical Reporter.*

Toxicological Action of Prussic Acid; Atropine as Antidote.

M. W. Preyer has arrived at the following most important conclusions from a series of ingenious arguments and experiments. In comparatively moderate, but yet fatally poisonous doses, prussic acid acts by very suddenly and completely depriving the blood of its oxygen; the phenomena being only an exaggerated and intensified representation of what occurs when an animal is made to breathe unmixed hydrogen for some time. Supposing the poisoning to have been accomplished, then, by a comparatively moderate dose, resaturation of the blood with oxygen, if it can be quickly enough accomplished, will infallibly restore the animal to life. On the other hand, prussic acid, given in very large doses, paralyzes the heart, and is absolutely fatal. Those cases in which there is apnoea, and the heart is beating, remain open for treatment. M. Preyer was led to believe that the true physiological antidote for prussic acid was an agent which (without producing any other important poisonous effects) would paralyze the peripheral branches of the vagus in the lungs and in the heart; and, on the other hand, stimulate the central nervous apparatus of respiration in such a manner as to produce rapid respirations. He now makes the very important announcement, that sulphate of atropia acts precisely in this way, and he has demonstrated, on rabbits and guinea-pigs, that the subcutaneous injection of a very small dose of this agent, if performed pretty quickly after the injection of the prussic acid, is an unfailing antidote. Apparently he would recommend the injection of quite small doses (1/75th grain!)—*Cin. Med. Rep.*

Two Hundred Dollar Doctors.

Henry Ward Beecher thus discourses about doctors:

Nothing is more needful than a reform in our medical schools. Only think of dragging students through two or three years of lectures and study, to do what can be done in *three months!* Read the following genuine letter, and see what a man can do.

"DEAR SIR:—I take the liberty of writing to you to inquire if you know anything of Professor —, and of the — Medical University. I wrote to Professor — asking him his terms, and he has replied, telling me that he can fit me for the practice of medicine in three months, charge \$200. I desire to study medicine that I may be enabled to lessen some of the suffering that I see about me, and as there is no one in New York whom I know personally, I thought I would write and ask you whether I can depend upon what Mr. — has written me, and if the graduates of the — Medical University are able successfully to practice the profession of medicine. I will feel deeply indebted to you for any information relative to the above."

This school, or University, as it is styled, is too obscure. A man who can in three months' time qualify a novice to practice medicine, ought not to hide his light as Professor — does. Who is he? Where has he studied? What is this surely divine

art of teaching? Can we not overcome the modesty of this genius, and send to him the thousands of medical students that are spending two or three years in this expensive city under prosy professors, who do not dream of turning out a complete practitioner in medicine in less than six or eight years!

There are eccentric and somewhat out-of-fashion doctors who pretend that there ought to be some regard to moral principle in medical practice; to whatever school a man belongs they hold that he should become thoroughly acquainted with the whole human system—with its laws and functions, with its morbid as well as normal conditions? that he should be familiar with the whole range of material agents, and with the results of the largest and wisest experience in the use of them; that he should study with minute care and diligence questions of temperament, habit, constitution; and, in short, that he should include an amount of knowledge of which the merest elements could not be gained in less than three years.

If you wish to be *such* a doctor, you had better give a wide berth to such fellows as Professor —, and betake yourself to established medical institutions; and make up your mind that it will require more than three months, or three years to make a doctor unto life. A doctor unto death can be fitted up in far less time.—*Med. & Surg. Reporter.*

Chlorodyne.

In Mr. Squire's "Companion to the Pharmacopœia," page 80, under "Liquor Chloroformi Compositus," will be found a formula which has been represented as the composition of this popular medicine. It is as follows:—Chloroform, 4 oz.; ether, 1 oz.; rectified spirit, 4 oz.; treacle, 4 oz.; extract of licorice, 2½ oz.; muriate of morphia, 8 grs.; oil of peppermint, 16 minims; syrup, 17½ oz.; prussic acid (2 per cent), 2 oz. Dissolve the muriate of morphia and the oil of peppermint in the rectified spirit; mix the chloroform and ether with this solution; dissolve the extract of licorice in the syrup, and add the treacle; shake these two solutions together, and add the prussic acid."—*Id.*

Glyco-inosine.

Under this name a preparation is sold in Europe for sweetening acidulous wines, at the rate of one thaler, Pruss., the pound. On examination it proves to be common air-slaked lime.—*Dr. Hoger.*—*Id.*

Death from Hypodermic Injection.—Lantessen reports (*Journ. fur Kinderkrankheiten*, 1868, 217—225), that he saw a child die in a few moments with convulsions, after he had injected several drops of liquor ferri sesquichlor., for *nævus maternus*. Dissection revealed large coagula in the roots of the great veins at the heart, and in the right auricle and ventricle. He supposes that a vein of some size was wounded, and that the astringent thus got into the general circulation, coagulated the blood, and finally produced paralysis of the heart. He recommends that the flow of blood into neighbouring venous plexuses should be prevented by pressure when we perform this operation.—*Med. and Surg. Reporter.*

REMARKABLE CURE OF CONSUMPTION.—The Transactions of the Connecticut State Medical Society contain a paper from Professor S. G. Hubbard, of New Haven, in relation to the cure of Rev. Jeremiah Day, former President of Yale College, of tubercular consumption. President Day, during early life, gave little promise of long life, and when, in 1789, in his seventeenth year, he entered Yale College, he was soon compelled to leave from pulmonary difficulty. He rallied, however, and was able to finish the course and graduate in 1795. He was very feeble, however, for many years. He became a clergyman, and in 1801 was elected Professor of Mathematics and Natural History in the college. But he could not undertake the duties. An alarming hæmorrhage of the lungs prostrated him, which was treated "learnedly" by bleedings copious enough to have charmed even Dr. Sangrado. He went to Bermuda, where he was plied with digitalis to such an extent as almost to take what little life was left. He came back to his native town, Washington, Connecticut, to die.

He suffered from continued hæmorrhage and repeated venesections, till he happened to meet Dr. Sheldon, of Litchfield, who had made the treatment with iron a hobby. He expressed a belief that Mr. Day could be helped. Though the case was regarded as hopeless, the patient was placed under the care of Dr. Sheldon, who treated him with iron and calisaya bark, feeding him carefully with wholesome food. Under this regimen he soon exhibited indications of improvement; and finally, in 1803, returned home as one restored from the dead, in sufficient vigor to be inaugurated in the professorship. He never afterwards exhibited symptoms of pulmonary disease, although he had been affected by it for more than twelve years. He lived till August, 1867, and was ninety-five years old at the time of his death.

The cavity of thorax was examined, to ascertain the traces of his former malady. Only about a pint of serum was found; the lungs were everywhere free from tubercle, and were apparently healthy. In the apex of each lung was found a dense, corrugated cicatrix an inch and a half, or more, in diameter. Also, a third circular cicatrix on the left side of the left lung, a few inches below the apex, each involving such a depth of tissue as to indicate that the vomice of which they were the remains, had been large and of long duration. Both lungs were slightly adherent at the apex.

Here, then, remarks Professor Hubbard, was all that remained to mark the beginning, progress, and cure of a case of tubercular consumption, occupying twelve years in its period of activity, and with its incipient stage dating more than three-quarters of a century. A legible record, surpassing in interest and importance to the human race those of the slabs of Nineveh, or the Runic inscriptions.—*Med. Record.*

It is proposed by the New York Medical College for women to educate a body of professional nurses to attend freely or for a moderate charge, persons living in boarding houses and like places, who are not able to secure regular attendance.—*Medical and Surgical Reporter.*

Turpentine as an Antidote to Phosphorus.—The *Archives Gén. de Médecine* calls attention to the custom of the workmen in a match factory at Stafford, who apply phosphorus to the matches, of carrying on their breast a tin cup containing essence of turpentine. This precaution is said to be sufficient to prevent any ill effects from the action of the phosphorus. It was previously known that the vapor of turpentine prevents the ignition, and even the phosphorescence of phosphorus; but the practical application of this knowledge is not so generally adopted as it should be.—*Medical and Surgical Reporter.*

Herpes Zoster.—Moers (*Deutsches Archiv für Klin. Med.*, iv. 249.) reports a case of herpes zoster bilateralis of the lower extremities, which occurred in a child fourteen months old. The vesicles did not dry up as usual, but ran into bullæ, as in pemphigus. The child fully recovered in five weeks.

Wound of Pancreas.—B. G. Kleberg reports (*Arch. für Klin. Chirurgie* ix. 523) a case of incised wound of the abdomen which exposed the pancreas. The protruding portion was amputated, and the patient recovered without any remarkable consequences.—*Med. and Surg. Reporter.*

ANTIDOTE FOR CARBOLIC ACID.—Next to the stomach-pump, in poisoning with this acid, the best antidote is large doses of olive or almond oil, with a little castor-oil. Oil is a solvent, and therefore a diluent of carbohc acid, and may be used to stop the corrosive effect of the acid, when its action on the skin is too violent.—*Journal of Cutaneous Medicine.*

A Clerical Surgeon.—Father Heylen, a Catholic priest of Boom, in Belgium, performed the Cæsarian operation on a young woman in order to baptize the infant before it died. The mother appears to have been living when the operation was commenced, but both mother and child succumbed. In his defence the priest said that he performed the operation in obedience to the direct instructions of the archbishop. These instructions are now to be cancelled, and the clerical surgeon tried for murder.—*Med. & Surg. Reporter.*

DR. ARTHUR E. PETTICOLAS, Superintendent of the Eastern Lunatic Asylum at Williamsburg, committed suicide there on the morning of Nov. 28th, by leaping from a window of the building, and dashing out his brains. He was a distinguished physician, and formerly a professor in the medical college at Richmond. His mind had been unsettled for some time past.—*Medical and Surgical Reporter.*

Exchanges.

Pacific Medical Journal.
New York Medical Journal.
Nashville Journal of Medicine.
Medical News and Library.
California Medical Gazette.

Books received.

Anatomy and Histology of the Eye.—METZ.